

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5403TLF</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/14/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOPE HOUSE RECOVERY FOR MEN &amp; WOMEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2500 APRICOT LN</b> <b>LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	Initial Comments  This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  This Statement of Deficiencies was generated as a result of a complaint survey conducted at your facility on 9/10/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for ten residential program beds for transitional living for released offenders. The census at the time of the survey was nine. Nine client files and three employee files were reviewed.  Complaint #NV 00022972 was unsubstantiated with unrelated deficiencies  The following deficiencies were identified:	T 000		
T 155 SS=F	449.154969(3) Preparations for disasters and other emergenc  NAC 449.154969 Preparations for disasters and other emergencies. 3. The provisions of the plan must be communicated to each member of the staff of the facility and each resident of the facility.  This Regulation is not met as evidenced by: Based on record review on 9/10/09, the facility failed to document the communication of the evacuation and disaster plan to 9 of 9 employees.	T 155		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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T 155	Continued From page 1  Findings include:  The facility did not have any evidence the evacuation and disaster plan had been shared with residents.  Severity: 2 Scope: 3	T 155			
T 500 SS=F	449.154997(1)(c) Files for residents  NAC 449.154997 Files for residents. 1. An administrator shall ensure that the facility maintains a separate file for each resident of the facility and retains the file for at least 5 years after the resident permanently leaves the facility. The file must be kept locked in a location that is protected against unauthorized use. Each file must contain the information obtained by the facility that is related to the resident, including, without limitation: (c) Evidence of compliance with the provisions of NAC 441A.380  This Regulation is not met as evidenced by: Based on record review on 9/10/09, the facility failed to ensure 8 of 9 residents met the requirements of NAC 441A.380 concerning tuberculosis (TB).  Findings include:  Resident #1 - the resident's file contained the first step of the required two-step TB skin test dated on 6/17/09. The second step TB skin test was not in the resident's file.  Resident #2- the resident's file contained the first step of the required two-step TB skin test dated in 2005. The second step TB skin test was not in	T 500			

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T 500	<p>Continued From page 2</p> <p>the resident's file.</p> <p>Resident #4 - the resident's file contained the first step of the required two-step TB skin test dated in 2009. The second step TB skin test was not in the resident's file.</p> <p>Resident #5 - The resident's file did not contain any documentation of TB skin testing.</p> <p>Resident #6 - The resident's file did not contain any documentation of TB skin testing.</p> <p>Resident #7 - the resident's file contained the first step of the required two-step TB skin test dated on 2/26/2009. The second step TB skin test was not in the resident's file.</p> <p>Resident #8 - the resident's file contained the first step of the required two-step TB skin test dated on 2/26/2009. The second step TB skin test was not in the resident's file.</p> <p>Resident #9 - the resident's file contained the first step of the required two-step TB skin test dated on 3/18/2009. The second step TB skin test was not in the resident's file.</p> <p>Severity: 2    Scope: 3</p>	T 500			

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